

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-012224

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 21

FILED MAR 16 1962

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Green Twn</u>		c. CITY OR TOWN <u>Weston</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 mile E. Weston</u>		d. STREET ADDRESS (If outside, give location) <u>Green Twn.</u>	
3. NAME OF DECEASED (Type or print) First <u>Ronald</u> Middle <u>D.</u> Last <u>Bledsoe</u>		4. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-26-1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	9. AGE (last birthday) <u>22</u>
11. BIRTHPLACE (City and state or country) <u>Deerborn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>W. A. Bledsoe</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Irene Adkins</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie Joe Briggs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	
16. SOCIAL SECURITY NO. <u>5-19-58608-4-6</u>		17. INFORMANT <u>Mrs. W.A. Bledsoe</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ASPHYXIAION</u> DUE TO (b) <u>PRESSURE FROM WEIGHT OF CAR</u> DUE TO (c) <u>ON CHEST,</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>CAR SLIPPED OFF BLOCKS</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>WESTON TWP. PLATTE Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>WESTON TWP. PLATTE Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <u>APPROX. 12:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Voland M. Giffie, Coroner</u>		22b. ADDRESS <u>Platte City, Mo.</u>	
22c. DATE SIGNED <u>3-5-62</u>		23a. BURIAL, CREMATION, EMBALM (Specify) <u>Buried</u>	
23b. DATE <u>3-5-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Deerborn Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Deerborn, Missouri</u>		24. FUNERAL DIRECTOR <u>Vaughn-Aufreng</u>	
25. DATE RECD. BY LOCAL REG. <u>Mar. 5, 1962</u>		26. REGISTRAR'S SIGNATURE <u>G. P. Rallins</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 16 1962

MAR 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.